

Borderline Personality Disorder : Clinical and Forensic Aspects

Alexandre Martins Valença,^{*1} José Brasileiro Dourado Junior², Milena Ferreira de França³, Luiz Felipe Rigonatti⁴, Quirino Cordeiro⁵, Antonio Gerado da Silva⁶, Lisieux E. De Borba Telles⁷ & Antonio Egidio Nardi⁸

¹Institute of Psychiatry- Federal University of Rio de Janeiro-Brazil. Fluminense Federal University- Niteroi-Rio de Janeiro-Brazil

²Hospital das Clínicas. Federal University of Pernambuco-Brazil

³Universidade de Pernambuco- Brazil

⁴Instituto de Medicina Social e Criminologia. São Paulo-Brazil

⁵Federal University of São Paulo-UNIFESP- Brazil

⁶Faculdade Paulista de Ciências da Saúde

⁷Federal University of Rio Grande do Sul. HCPA- Brazil

⁸Institute of Psychiatry- Federal University of Rio de Janeiro-Brazil

***Corresponding author:** Alexandre Martins Valença, Institute of Psychiatry- Federal University of Rio de Janeiro-Brazil. Fluminense Federal University- Niteroi-Rio de Janeiro-Brazil.

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Abstract

Borderline Personality Disorder affects cognitive and emotional domains, with a significant component of impulsivity and disturbances in interpersonal relationships. The aim of this article is to review the main clinical features and the impact of the disorder on legal aspects, especially regarding Brazilian law. Certainly, psychotherapeutic and pharmacological treatment may reduce clinical manifestations and the risk of involvement with the law, enabling individuals to lead more productive lives and achieve an improved quality of life.

Keywords: Personality Disorder, Crime, Responsibility, Civil Capacity, Brazilian Law.

Introduction

Personality disorders are patterns of inflexible and maladaptive personality traits that cause significant impairment in social or occupational functioning, subjective distress, or both. By definition, these disorders are not time-limited symptoms with a defined beginning and end during adulthood. Rather, they are chronic patterns of behavior with an early and insidious onset that become evident in late adolescence or early adulthood. Personality disorders are not circumscribed syndromes that affect only one area of functioning; instead, they are pervasive disorders that affect all areas of personality, including cognition, affect, behavior, and interpersonal style [1].

The diagnosis of personality disorders requires determining the individual's long-term patterns of functioning, and particular personality features should be evident from early adulthood. Although reliability improves with these procedures, it is essential

that the diagnosis be based fundamentally on psychiatric interviews and clinical impressions.

ICD-10 describes personality disorders as ingrained and enduring patterns of behavior that encompass the individual's personal and social spheres, determined by developmental conditions arising in childhood or adolescence. It also differentiates personality change, which is acquired in adulthood after severe stress, extreme environmental deprivation, psychiatric disorder, or brain disease [2].

The classification of personality disorders in the 10th edition of the International Classification of Mental and Behavioral Disorders (ICD-102) of the WHO is similar to that of the DSM-5: paranoid, schizoid, antisocial, emotionally unstable (impulsive and borderline), histrionic, anankastic, anxious (avoidant), and dependent. It is important to note that ICD-102 does not include

the schizotypal type (classified within the psychotic grouping—schizophrenia, schizotypal, and delusional disorders) or the narcissistic type [3]. The latter is included under “other specific personality disorders” without its own criteria. The emotionally unstable personality disorder corresponds to the borderline disorder of the DSM-5.

Borderline Personality Disorder

Borderline personality disorder (BPD) is a syndrome characterized by recurrent affective instability, outbursts of impulsivity, a distorted sense of identity, and a chronic feeling of emptiness or inner anguish. In the DSM-5, the borderline subtype encompasses both subdivisions described in ICD-10.

ICD-10 divides the classification of this diagnosis into two subtypes: the emotionally unstable type and the borderline type. The first is characterized primarily by emotional instability, chronic emptiness, and anguish. The second subtype presents these same characteristics, along with a tendency toward explosive behavior, with aggression directed toward oneself (e.g., suicide attempts, self-harm) or toward others. DSM-5 includes both presentations under a single type, named borderline.

An impaired sense of identity is common in these patients. Clinically, contradictory personality traits are observed, resulting in chronic emotional emptiness and instability. There is an increased need to receive attention (or affection) from others and a strong fear of abandonment by those considered most important. Patients are often suggestible and tend to change opinions recurrently. Abusive and/or compulsive use of psychoactive substances is frequent, as is engagement in risky behaviors (e.g., reckless driving, multiple sexual partners) [4, 5].

Chronic irritability, dysphoria, and ambivalence are characteristic of this diagnosis. Patients present unstable moods, with frequent simultaneous and mixed affects such as joy, anger, sadness, and emotional emptiness. Impulsive and aggressive behaviors illustrate the affective instability of these individuals. Brief psychotic episodes (with paranoid ideation, derealization, and dissociation) may occur during periods of intense affective stress. Other serious and frequent outcomes include self-harm and suicide attempts [6].

Extremes of idealization and devaluation in interpersonal relationships are common. Loved or valued individuals are often later devalued, usually in response to stressors. Patients tend to be highly suggestible and change their opinions repeatedly, both on the same subject and on different matters [7].

Comorbidity is very frequent in these patients. They may present with anxiety symptoms, depressive symptoms (often with self-harm and suicide attempts), impulsivity (substance abuse, gambling), dissociative symptoms (dissociative amnesia), transient delusions and hallucinations, especially under stress such as relationship breakdowns. It is not uncommon for these patients to receive multiple diagnoses depending on the comorbidity that led them to seek treatment. Some studies suggest an increased risk of violent behavior in individuals with borderline personality disorder, particularly directed against intimate partners [8].

Table 1: DSM-5 Diagnostic Guidelines for Borderline Personality Disorder

A. A pervasive pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity beginning in early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment (do not include suicidal or self-mutilating behavior covered in criterion 5).
2. A pattern of unstable and intense interpersonal relationships characterized by alternating extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) (do not include suicidal or self-mutilating behavior covered in criterion 5).
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to marked reactivity of mood (e.g., episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Source: APA. Diagnostic and Statistical Manual of Mental Disorders, 5th ed. Washington, DC: American Psychiatric Publishing, 2013.

Legal and Forensic Aspects in Brazil

The Brazilian Penal Code adopts the biopsychological criterion for assessing criminal responsibility [9]. In the case of personality disorders, to be considered partially responsible (semi-imputable), there must be a causal link between the offense and the disorder; that is, the crime must result from the presence of the personality disorder. If no causal link is established, these individuals are considered fully responsible and will serve a sentence as determined by the court.

Under Brazilian jurisdiction, personality disorders are regarded as mental health disturbances. In forensic terms, mental health disturbances differ from mental illnesses by the type and degree of interference they exert on an individual's capacity to live and interact within society [10]. In personality disorders, the ability to understand the nature of a criminal act is generally preserved. However, impairment in volitional capacity (the ability to choose whether or not to act) is common. Impulsivity is often a strong component in such cases.

In civil law, forensic evaluations are often requested for interdiction proceedings, questioning the individual's capacity to manage assets and business. In severe cases, where the disorder causes significant harm to the individual and family, partial interdiction (for asset and business management) may be indicated. In family law, individuals with personality disorders may also be involved in divorce, separation, or child custody disputes [10].

Individuals with borderline personality disorder may display violent behavior due to multiple psychopathological features and maladaptive behaviors: marked impulsivity with aggressive and self-destructive tendencies (alcohol and substance abuse, self-harm, theft, promiscuity, excessive spending, pathological gambling); chaotic, manipulative, and aggressive interpersonal relationships with hypersensitivity to separation and rejection; affective instability with oscillations between idealization and devaluation of partners and close individuals. All of these aspects can contribute to the relevance of borderline personality disorder in both civil and criminal forensic evaluations [7, 8].

Discussion

The Brazilian Penal Code adopts the biopsychological criterion to assess criminal responsibility. This requires verifying the effective causal link between the abnormal mental state and the crime, meaning that this state, contemporaneous to the conduct, must have deprived the agent partially or completely of psychological capacities (either cognitive or volitional) [9].

Borderline personality disorder is considered in Brazilian jurisdiction as a mental health disturbance, a condition clinically less severe than mental illness (such as psychoses). These individuals usually retain the capacity to understand their actions, being considered either fully responsible or partially responsible, depending on the circumstances of the act and the offense characteristics. If considered fully responsible, they receive a sentence; if partially responsible, the sentence may be reduced by one-third to two-thirds or replaced with a security measure involving treatment through hospitalization or outpatient services. Forensic evaluation is essential in determining appropriate penal or correctional sanctions in each case, as well as clarifying other judicial matters involving personality disorders [10].

In the context of Borderline Personality Disorder, forensic psychiatric evaluations play a decisive role in determining the extent of civil capacity. Clinical evidence demonstrates that individuals with BPD often present with impulsivity, emotional instability, self-harming behaviors, and chaotic interpersonal relationships. Such manifestations may compromise their ability to manage financial matters, sustain family responsibilities, or exercise parental custody, especially in the presence of severe functional impairments.

Brazilian Civil Law provides mechanisms such as partial interdiction and guardianship for individuals unable to fully manage their civil life [11-13]. According to the Brazilian Civil Code (art. 1.767), interdiction may be applied when a person cannot express their will or adequately manage their affairs due to mental disturbances. However, the Brazilian Statute of the Person with Disabilities (Law 13.146/2015) establishes that curatorship must be exceptional, proportional, and restrict the autonomy of the individual as little as possible (Brasil, 2015) [14].

Another relevant issue is the importance of treatment. BPD is among the disorders with the greatest demand for treatment. Its management requires crisis intervention, risk assessment for self- or hetero-aggressiveness, and suicide prevention. Clear and direct communication, with well-defined objectives and boundaries, is essential, alongside a treatment plan that provides structure and safety for the patient. Pharmacological approaches

mainly include antipsychotics and mood stabilizers, targeting emotional regulation, anger control, impulsivity, and transient psychotic symptoms; antidepressants are often prescribed for depressive symptoms [15]. Benzodiazepines should be avoided due to abuse potential and paradoxical effects (behavioral disinhibition), being reserved for crisis situations with severe anxiety, preferably using long half-life agents. Group psychotherapy in combination with educational rehabilitation and resocialization programs may eventually yield good results in Borderline Personality Disorder.

Conclusion

Borderline Personality Disorder is a complex condition that profoundly influences mental functioning and interpersonal dynamics. Beyond its clinical implications, the disorder also poses challenges in the legal sphere, particularly within the Brazilian legal system. Individuals with BPD hold civil and criminal responsibility; however, the severity of symptoms may significantly affect their capacity for judgment and self-control. In such circumstances, this clinical condition can lead to sentence mitigation or to the application of specific legal and medical measures.

With regard to social rights, BPD may entitle individuals to social security benefits, such as sick leave or disability retirement, when the disorder substantially impairs their ability to work. Therapeutic interventions, both psychotherapeutic and pharmacological, play a crucial role in reducing symptom severity, preventing legal complications, and fostering greater social reintegration. By addressing the disorder comprehensively, treatment may contribute not only to minimizing the risk of conflict with the law but also to enabling individuals to lead more productive lives and achieve an improved quality of life.

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